

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 27 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

374

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **592**

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4521 Blair Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
78 Years. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4521 Blair Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Louise K. Hagemeyer**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Henry D. Hagemeyer**
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **May 8, 1855**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 8 9 hr. min.

9. Birthplace **Union Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Henry Maune**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Unknown**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lula Hagemeyer**
(b) Address **4521 Blair Ave.**

17. (a) **Burial** (b) Date thereof **1/20/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Bethlem**

18. (a) Signature of funeral director **M. W. Stock**
(b) Address **2117 E. Grand Blvd.**

19. (a) **JAN 20 1944** **J. F. Bredich**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **17**
year **1944** hour **2** minute **35P.** M.

21. I hereby certify that I attended the deceased from
Jan 1, 1944 to Jan 17, 1944
that I last saw him alive on **Jan 17**
and that death occurred on the **17** day and hour stated above.

Immediate cause of death **Subacute arteriosclerosis**

Due to **Chrom. Myocarditis**

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **Erving R. ...** (M. D. or other)
Address **1918 9th St. ...** Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Frank A. Moore*.....
Licensed Embalmer No..... *3041*.....
P. O. Address..... *2117 E. Hill*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.